

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/01/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155299</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/29/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MILLER'S MERRY MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5909 LUTE RD</b> <b>PORTAGE, IN 46368</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Review (PSR) to the Recertification and State Licensure Survey completed on 10/11/11.</p> <p>This visit was done in conjunction with the investigation of Complaint Number IN00099276</p> <p>Dates of Survey: November 28 &amp;, 29, 2011</p> <p>Facility Number: 000196 Provider Number: 155299 AIM Number: 100267390</p> <p>Survey Team: Heather Tuttle, R.N. T.C. Kathleen Vargas, R.N.</p> <p>Census Bed Type: 2 SNF 59 SNF/NF 61 Total</p> <p>Census Payor Type: 22 Medicare 27 Medicaid 12 Other 61 Total</p> <p>Sample: 6</p> <p>Millers Merry Manor Portage was found to be compliance with 42 CFR part 483 subpart B and 410 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey.</p> <p>Quality review completed 11/30/11 Cathy Emswiller RN</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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